



October 22, 2014

U.S. EPA, Region 9
NPDES/DMR, ENF-4-1
75 Hawthorne Street
San Francisco, CA 94105-3901

Attention: Mr. Jared Blumenfeld

**Re: Discharge Monitoring Report – Third Quarter 2014 Platforms Ellen, Elly, and Eureka
NPDES Permit CAG280000**

Dear Mr. Blumenfeld:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of July, August, and September 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing and back to Ellen for injection.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen.

Attachment 2: Attachment 2 are listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit.

Attachment 4: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

Discharge Overview

Drilling Muds and Cuttings (001):

On Platform Ellen drilling activities took place with Well A-21 during the months of June and July 2014 and the well was completed on July 25, 2014. Drilling activities also took place with Well A-49 during the months of August and September and the well was completed on September 13, 2014. There were no drilling discharges associated with these wells. As required in the permit, the results of the drilling monitoring activities are included within the DMR reporting period occurring at least 45 days after the completion of the well.

Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day “rate”. As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) “rate”, instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. A dilution of 2160:1 was calculated for the quarter.

On July 30, Platform Elly discharged 50 barrels of produced water in a short period of time due to a sudden shut down of the injection system. The discharge was stopped before the operator could collect an oil and grease sample. Subsequent to the discharge, a 4-sample composite was taken. The water sampled was representative of the discharged water. The oil and grease result of 30.3 mg/l was slightly over the Monthly Average limit of 29 mg/l, but since only one daily sample was taken during the month, we were unable to produce a monthly average using multiple samples. The result was well under the Daily Maximum limit of 42 mg/l. EPA was notified on August 11. We did not treat this as an exceedance in the DMR. At no time did we expect there to be any threat to human health or the environment.

Well Treatment Completion and Workover Fluids (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There were 2 well treatment, completion and workover fluid type jobs performed during this quarter at Platform Ellen. There was no discharge of fluids. A chemical inventory is available on request.

Deck Drains (004):

Platform Ellen’s deck drains are commingled with production and sent to Platform Elly. Platform Elly’s deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic waste water volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

The required annual Marine Sanitation Device (MSD) inspections were completed on May 25, 2014 at Platforms Ellen and Eureka. The inspections included a chlorine test to ensure proper operation and chlorine results are included in the DMRs. The MSDs are in good condition and operating properly. Full inspection reports are available upon request (there were no exceedances).

Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) can be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

Permit limits for chlorine applicable to the non-contact cooling water were released in the March 2014 permit modification. The new required quarterly sampling is included in the DMR. The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C. & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

Mr. Blumenfeld
October 22, 2014
Page 4 of 4

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,



Marina Robertson
HSE Manager

cc (via email):

Ms. Susan Zaleski
Mr. James Salmons
Bureau of Safety and Environmental
Enforcement
770 Paseo Camarillo
Camarillo, CA 93010-6064

Ms. Alison Dettmer
Manager, Energy and Ocean Resources Unit
California Coastal Commission
45 Fremont, Suite 2000
San Francisco, CA 94105-2219

Platform Elly

Attachment 1

EPA DMR
PERMIT NO. CAG280000

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

DRILLING FLUIDS AND DRILL CUTTINGS (001)

Beta Platform Elly

LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type										
		Average	Maximum	Units	Minimum	Average	Maximum	Units													
DRILLING FLUIDS VOLUME Well # N / A July - September	Sample Measurement		No Discharge	Barrels/ Well																	
	Permit Requirement		Report							1/well 1/day	Estimate										
DRILLING FLUIDS VOLUME Quarterly Total Well # N / A July - September	Sample Measurement		No Discharge	Barrels/ Quarter																	
	Permit Requirement		Report																		
DRILLING FLUIDS Annual Cumulative Volume Limit ¹ 03/03/2014 - 05/28/2014	Sample Measurement		0	Barrels/ Year																	
	Permit Requirement		49950*																		
DRILL CUTTINGS VOLUME Well # N / A July - September	Sample Measurement		No Discharge	Barrels/ Well																	
	Permit Requirement		Report																		
DRILL CUTTINGS VOLUME Quarterly Total July - September	Sample Measurement		0	Barrels/ Quarter																	
	Permit Requirement		Report																		
DRILLING FLUIDS Annual Cumulative Volume Limit ¹ 03/03/2014 - 05/28/2014	Sample Measurement		0	Barrels/ Year																	
	Permit Requirement		18,150*																		
DRILL FLUIDS/CUTTINGS Free Oil July - September	Sample Measurement				No Discharge			# Days Sheen Observed													
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<div>I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</div>						TELEPHONE		DATE											
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526		10 22 2014										
TYPED OR PRINTED																					
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

There are no wells or drilling activities at Platform Elly.

¹ Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

002
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From:	14	07	01	To:	14 09 30

PRODUCED WATER (002)
(commingled with Platform Eureka & Ellen)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type								
		Average	Maximum	Units	Minimum	Average	Maximum	Units											
PRODUCED WATER FLOW RATE ₁ (commingled with Eureka and Ellen) July	Sample Measurement	50		Monthly Average bbl/Day					0	1/day	Estimate								
	Permit Requirement									1/day	Estimate								
	Sample Measurement	No Discharge		Monthly Average bbl/Day															
August	Permit Requirement									1/day	Estimate								
	Sample Measurement	No Discharge		Monthly Average bbl/Day															
	Permit Requirement									1/day	Estimate								
September	Sample Measurement	No Discharge		Monthly Average bbl/Day															
	Permit Requirement									1/day	Estimate								
ANNUAL CUMULATIVE VOLUME ₂ 03/01/14 - 02/28/15	Sample Measurement		50	Barrels/ Year					0	1/quarter	Estimate								
	Permit Requirement		10,950,000 *							1/quarter	Estimate								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE									
Jim Guion Executive Vice President, Chief Operating Officer										10 22 2014									
TYPED OR PRINTED										MONTH/DAY/YEAR									
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Due to intermittent discharge, the monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

² Annual cumulative volume limit is applied to the cumulative volumes for the periods of March 2014 through February 2015.

* The total annual cumulative volume limit is a combined limit of produced water volumes discharged from Platforms Ellen, Elly, and Eureka as listed in the NPDES permit. The 'sample measurement' listed is a combined total for Ellen, Elly, and Eureka.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

002
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

PRODUCED WATER (002)
Enforceable Limits

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum					
PRODUCED WATER OIL & GREASE ₁	Sample Measurement					30.3	34.6	0	1/week *	Composite		
	Permit Requirement					29.0	42.0					
July	Sample Measurement					No Discharge	No Discharge		1/week	Grab/ Composite		
	Permit Requirement					29.0	42.0					
August	Sample Measurement					No Discharge	No Discharge		1/week	Grab/ Composite		
	Permit Requirement					29.0	42.0					
September	Sample Measurement					No Discharge	No Discharge		1/week	Grab/ Composite		
	Permit Requirement					29.0	42.0					
PRODUCED WATER QUARTERLY CONSTITUENTS						N / A			1 / quarter	Composite		
						Pass / Fail						
3-SPECIES TOXICITY												
PRODUCED WATER ANNUAL CONSTITUENTS						0.00820	0.00820	0	1/year	1/year		
ZINC ₂						N / A	N / A		1/year	1/year		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE			
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526		10 22 2014			
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Oil and grease sampling is weekly during discharge (no sample during weeks with no produced water discharges).

* Refer to cover letter.

² There is no limit for zinc in the permit, Appendix B.

Results showing NODI(B): below MDL. The maximum value of the analytical result is less than the laboratory's MDL (below detection level).

Results showing NODI(Q): equal to or above the MDL, but less than the ML or PQL.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒

CAG280000
PERMIT NO.


003
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

**WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)**
(commingled with produced water at Plt Elly)
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , FLOW July	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report								
August	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report								
September	Sample Measurement		N / A	Barrels / Job							
	Permit Requirement		Report								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , OIL AND GREASE											
						MONTHLY AVERAGE	DAILY MAXIMUM				
July	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab
August	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab
September	Sample Measurement					N / A	N / A	mg/L			
	Permit Requirement					29.0	42.0			1/job	Grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager					(562) 628-1526		10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

N / A: No WTCF discharged during this DMR period.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒

CAG280000
PERMIT NO.

003
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

**WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)**
(commingled with produced water at Plt Elly)
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type									
		Average	Maximum	Units	Minimum	Average	Maximum	Units												
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ¹ July - September	Sample Measurement		No Discharge	Number of jobs																
	Permit Requirement		Report																	
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS ¹ STATIC SHEEN July - September	Sample Measurement				N / A			# Times Sheen Observed												
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab									
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory July - September	Sample Measurement				N / A															
	Permit Requirement				Report					1/month	List									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE										
Jim Guion Executive Vice President, Chief Operating Officer										10 22 2014										
TYPED OR PRINTED										MONTH/DAY/YEAR										
								(562) 628-1526												
								Marina Robertson, HSE Manager												
								Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number										

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

004
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

DECK DRAINAGE (004)
(Commingled with produced water)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type				
		Average	Units	Minimum	Average	Maximum	Units							
DECK DRAINAGE VOLUME FLOW (commingled with produced water)	Sample Measurement	N / A	Mo. Avg. bbl/day											
	Permit Requirement	Report							1/month	Estimate				
July														
August	Sample Measurement	N / A	Mo. Avg. bbl/day											
	Permit Requirement	Report							1/month	Estimate				
September	Sample Measurement	N / A	Mo. Avg. bbl/day											
	Permit Requirement	Report							1/month	Estimate				
DECK DRAINAGE FREE OIL	Sample Measurement	N / A	# Days Sheen Observed	N / A										
	Permit Requirement	0		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight				
July														
August	Sample Measurement	N / A	# Days Sheen Observed	N / A										
	Permit Requirement	0		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight				
September	Sample Measurement	N / A	# Days Sheen Observed	N / A										
	Permit Requirement	0		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE				
Jim Guion Executive Vice President, Chief Operating Officer								(562) 628-1526		10 22 2014				
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Deck drains are commingled with produced water (refer to produced water reporting requirements).

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

005
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

SANITARY & DOMESTIC WASTES (005)
(Domestic water commingled with Production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTES FLOW RATE	Sample Measurement	N / A		Monthly Average bbl/day							
	Permit Requirement	Report								1/month	Estimate
July	Sample Measurement	N / A		Monthly Average bbl/day							
	Permit Requirement	Report								1/month	Estimate
August	Sample Measurement	N / A		Monthly Average bbl/day							
	Permit Requirement	Report								1/month	Estimate
September	Sample Measurement	N / A		Monthly Average bbl/day							
	Permit Requirement	Report								1/month	Estimate
SANITARY WASTE FLOATING SOLIDS	Sample Measurement		N / A	# days observed	N / A						
	Permit Requirement		0		No floating solids in the receiving waters.					1/day	Visual - Daylight
July	Sample Measurement		N / A	# days observed	N / A						
	Permit Requirement		0		No floating solids in the receiving waters.					1/day	Visual - Daylight
August	Sample Measurement		N / A	# days observed	N / A						
	Permit Requirement		0		No floating solids in the receiving waters.					1/day	Visual - Daylight
September	Sample Measurement		N / A	# days observed	N / A						
	Permit Requirement		0		No floating solids in the receiving waters.					1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526		10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

005
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

SANITARY & DOMESTIC WASTES (005)
(Domestic water commingled with Production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
SANITARY WASTE RESIDUAL CHLORINE July	Sample Measurement				N / A	N / A	N / A			
	Permit Requirement				1 mg/l	N / A	10 mg/l		Monthly	Grab
August	Sample Measurement				N / A	N / A	N / A			
	Permit Requirement				1 mg/l	N / A	10 mg/l		Monthly	Grab
September	Sample Measurement				N / A	N / A	N / A			
	Permit Requirement				1 mg/l	N / A	10 mg/l		Monthly	Grab
DOMESTIC WASTE ¹ FLOW RATE July - September	Sample Measurement	N / A		Monthly						
	Permit Requirement	Report		Average bbl/day					1/month	Estimate
DOMESTIC WASTE FOAM & FLOATING SOLIDS July - September	Sample Measurement		N / A	# days observed	N / A					
	Permit Requirement		0		No foam or floating solids in the receiving waters.				1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager					(562) 628-1526		10 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A : There are no discharges at Platform Elly. Sanitary volumes are discharged at Platform Ellen (refer to Plt. Ellen DMR).

¹ Domestic water, as laundry, is commingled with produced water and injected (refer to Produced Water). Domestic water from showers and sinks is commingled with sanitary at Platform Ellen (refer to Platform Ellen DMR).

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

008
DISCHARGE NO.

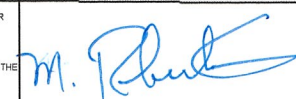
Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

FIRE CONTROL WATER (008)
(Commingled with production)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Units	Minimum	Average	Maximum	Units						
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM FLOATING SOLIDS July	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight			
	Permit Requirement	0		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight			
August	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight			
	Permit Requirement	0		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight			
September	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight			
	Permit Requirement	0		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight			
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE ₁ July - September	Sample Measurement				Monthly Average	Daily Maximum							
	Permit Requirement				N / A	N / A	ug/L						
					N / A	N / A		1/month	Grab				
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory ₁ July - September	Sample Measurement												
	Permit Requirement												
	Sample Measurement				N / A		ug/L		1/month	List			
	Permit Requirement				Report				1/month	List			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE			
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager						(562) 628-1526		10 22 2014			
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water and is injected. Small amounts may be discharged overboard during fire water system testing.
The firewater is not chlorinated or chemically treated. Refer to produced water discharges.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

009
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type					
		Average	Units	Minimum	Average	Maximum	Units								
NON-CONTACT COOLING WATER (009) - FLOW VOLUME ¹	Sample Measurement	5,143	Barrels/Day					0	1/month	Estimate					
	Permit Requirement	Report							1/month	Estimate					
July	Sample Measurement	5,143	Barrels/Day					0	1/month	Estimate					
	Permit Requirement	Report							1/month	Estimate					
August	Sample Measurement	5,143	Barrels/Day					0	1/month	Estimate					
	Permit Requirement	Report							1/month	Estimate					
September	Sample Measurement	5,143	Barrels/Day					0	1/month	Estimate					
	Permit Requirement	Report							1/month	Estimate					
NON-CONTACT COOLING WATER (009) FOAM/FLOATING SOLIDS	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight					
	Permit Requirement	None		No foam in the receiving water.					1/day	Visual - Daylight					
July	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight					
	Permit Requirement	None		No foam in the receiving water.					1/day	Visual - Daylight					
August	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight					
	Permit Requirement	None		No foam in the receiving water.					1/day	Visual - Daylight					
September	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight					
	Permit Requirement	None		No foam in the receiving water.					1/day	Visual - Daylight					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE					
Jim Guion Executive Vice President, Chief Operating Officer								(562) 628-1526		10 22 2014					
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR					

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Non-Contact Cooling water is discharged separately.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

009
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NON-CONTACT COOLING WATER (009)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type					
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units								
NON-CONTACT COOLING WATER (009) - CHLORINE ₁ July - September	Sample Measurement				0.0002	0.0002	mg/L	0	1/quarter	Grab					
	Permit Requirement				0.00585	0.0102			1/quarter	Grab					
NON-CONTACT COOLING WATER (009) CHEMICAL INVENTORY July - September				See Attachment #2 Chemical Inventory				0	1/month	List					
				Report					1/month	List					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE						
Jim Guion Executive Vice President, Chief Operating Officer									10 22 2014						
TYPED OR PRINTED							Marina Robertson, HSE Manager								
							Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT	Area Code	Number	MONTH/DAY/YEAR					

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒
Approved Form
OMB No. 2000-0015

CAG280000
PERMIT NO.

019
DISCHARGE NO.

Beta Platform Elly
LOCATION: 33° 35' .025"LAT., 118° 07' 37.52"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

EXCESS CEMENT SLURRY (019)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type							
		Average	Units	Minimum	Average	Maximum	Units										
EXCESS CEMENT SLURRY (019) FLOW VOLUME ₁	Sample Measurement	No Discharge	Monthly Average														
July - September	Permit Requirement	Report	bbl/day						1/month	Estimate							
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME ₂	Sample Measurement	No Discharge	Barrels/ Year					0									
03/01/14 - 02/28/15	Permit Requirement	1,200 *															
EXCESS CEMENT SLURRY SHEEN TEST/FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge													
July - September	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE									
Jim Guion Executive Vice President, Chief Operating Officer																	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ The monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

² Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015. The total annual cumulative volume limit is a combined li of excess cement slurry volumes from both Platforms Ellen and Elly, as listed in the permit.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

006,007,010,011,012,013,014
DISCHARGE NO.

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media


No Discharge ☒

Approved Form
OMB No. 2000-0015

Beta Platform Eilly
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(007) Desalination Unit FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(010) Ballast/Storage Displacement Wtr FLOW RATE, FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly	No Discharge						
	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(011) Bilge Water FLOW FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly	No Discharge						
	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate
(012) Boiler Blowdown FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge						
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly	No Discharge						
	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE			
Jim Guion Executive Vice President, Chief Operating Officer						 Marina Robertson, HSE Manager		(562) 628-1526 10 22 2014			
TYPED OR PRINTED						Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

nit

* See Chemical Inventory, if discharged.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

022
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Elly
LOCATION: 33° 35' .025" LAT., 118° 07' 37.52" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

H2S Gas Processing Waste Water

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Maximum	Units	Minimum	Average	Maximum	Units						
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day						1/discharge	Estimate			
	Permit Requirement	Report								1/discharge	Estimate			
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge					1/discharge	Visual - Daylight			
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight			
Surfactants, Detergents, Dispersants, ¹	Sample Measurement				Minimized				0					
	Permit Requirement				Minimize									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE						
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		10 22 2014						
TYPED OR PRINTED						Area Code Number		MONTH/DAY/YEAR						
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)														

¹ Any detergents, dispersants, or surfactants used are either included with sanitary and domestic discharges or produced water discharges.

Attachment 2

Chemical Inventory

**ATTACHMENT 2
PLATFORM ELLY
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
July 1, 2014 through September 30, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe ¹ Concentration</u> (mg/l)
009 Non-contact Cooling Water				
July	5,143	Chlorine	0.11	0.5
August	5,143	Chlorine	0.11	0.5
September	5,143	Chlorine	0.13	0.6
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N / A: Not chlorinated

Attachment 3

Non-Contact Cooling Water Chlorine Residual Results

**ATTACHMENT 3
PLATFORM ELLY
NON-CONTACT COOLING WATER CHLORINE RESULTS
July 1, 2014 through September 30, 2014**

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit ¹ Post Dilution</u> (mg/l)	<u>Maximum Daily Limit ¹ Post Dilution</u> (mg/l)	<u>Result Post Dilution</u> (mg/l)	<u>End-of-Pipe Concentration</u> (mg/l) EPA Method 330.5	<u>EPA Plumes Dilution</u>
009 Non-contact Cooling Water Sample Date: 07/29/14	Once/Quarter	0.00585	0.0102	0.0002	0.06	277:1

¹ Limits are post-dilution as listed in the new permit, Appendix C.

Attachment 4

Laboratory reports for NPDES monitoring

Laboratory Quality Control Reports



LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

August 13, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u>
July 29, 2014 @ 1300 hrs	Platform Elly / Ellen Non-Contact Cooling Water Outlet East Seawater Pump	0.06 mg/l
LTS Meter S/N: 12040E195572 Technician: Cole Jenkins		Method Blank < 0.05 mg/l (MDL)

S.G. Lawry
Environmental Specialist / LTS



LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

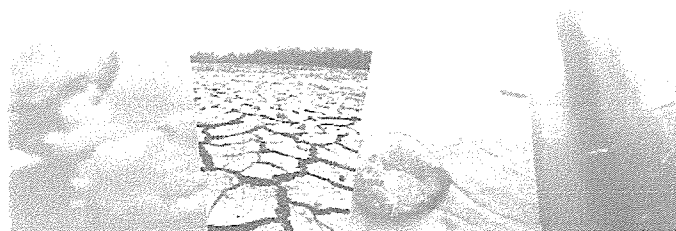
As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date September 5, 2014	Total Residual Chlorine (EPA Method 330.5)
LTS meter (SN 041200088375)	0.57 mg/l
LTS meter (SN 12040E195572)	0.52 mg/l
RT Corporation test sample: (Lot #QC1065-021081)	
Acceptance Limits	0.481 – 0.835 mg/l
Certified Value	0.658 mg/l \pm 0.0110
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

S.G. Lawry
Environmental Specialist
President, LTS



Calscience

**WORK ORDER NUMBER: 14-07-2120***The difference is service*

AIR | SOIL | WATER | MARINE CHEMISTRY

Analytical Report For**Client:** Beta Offshore**Client Project Name:** Weekly NPDES Produced Water Monitoring**Attention:** Marina Robertson
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633*Amanda Porter*Approved for release on 08/04/2014 by:
Amanda Porter
Project ManagerResultLink ▶
www.eurofins.com/resultlinkEmail your PM ▶
mailto:pm@eurofins.com

Eurofins Calscience, Inc. (Calscience) certifies that the test results provided in this report meet all NELAC requirements for parameters for which accreditation is required or available. Any exceptions to NELAC requirements are noted in the case narrative. The original report of subcontracted analyses, if any, is attached to this report. The results in this report are limited to the sample(s) tested and any reproduction thereof must be made in its entirety. The client or recipient of this report is specifically prohibited from making material changes to said report and, to the extent that such changes are made, Calscience is not responsible, legally or otherwise. The client or recipient agrees to indemnify Calscience for any defense to any litigation which may arise.



Contents

Client Project Name: Weekly NPDES Produced Water Monitoring
Work Order Number: 14-07-2120

1	Work Order Narrative.	3
2	Client Sample Data.	4
	2.1 EPA 1664A HEM: Oil and Grease (Aqueous).	4
	2.2 EPA 200.8 ICP/MS Metals (Aqueous).	5
3	Quality Control Sample Data.	6
	3.1 MS/MSD.	6
	3.2 LCS/LCSD.	8
4	Sample Analysis Summary.	10
5	Glossary of Terms and Qualifiers.	11
6	Chain-of-Custody/Sample Receipt Form.	12



Work Order Narrative

Work Order: 14-07-2120

Page 1 of 1

Condition Upon Receipt:

Samples were received under Chain-of-Custody (COC) on 07/31/14. They were assigned to Work Order 14-07-2120.

Unless otherwise noted on the Sample Receiving forms all samples were received in good condition and within the recommended EPA temperature criteria for the methods noted on the COC. The COC and Sample Receiving Documents are integral elements of the analytical report and are presented at the back of the report.

Holding Times:

All samples were analyzed within prescribed holding times (HT) and/or in accordance with the Calscience Sample Acceptance Policy unless otherwise noted in the analytical report and/or comprehensive case narrative, if required.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of ≤ 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

Quality Control:

All quality control parameters (QC) were within established control limits except where noted in the QC summary forms or described further within this report.

Additional Comments:

Air - Sorbent-extracted air methods (EPA TO-4A, EPA TO-10, EPA TO-13A, EPA TO-17): Analytical results are converted from mass/sample basis to mass/volume basis using client-supplied air volumes.

New York NELAP air certification does not certify for all reported methods and analytes, reference the accredited items here: http://www.calscience.com/PDF/New_York.pdf

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are always reported on a wet weight basis.

Subcontractor Information:

Unless otherwise noted below (or on the subcontract form), no samples were subcontracted.



Calscience

Analytical Report

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 07/31/14
Work Order: 14-07-2120
Preparation: N/A
Method: EPA 1664A
Units: mg/L

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 1

Client Sample Number	Lab Sample Number	Date/Time Collected	Matrix	Instrument	Date Prepared	Date/Time Analyzed	QC Batch ID
NPDES Prod. Water	14-07-2120-1-A	07/30/14 19:53	Aqueous	N/A	08/02/14	08/02/14 18:00	E0802HEML1

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

Parameter	Result	RL	MDL	DF	Qualifiers
HEM: Oil and Grease	34.6	1.00	0.800	1.00	

NPDES Prod. Water	14-07-2120-1-B	07/30/14 19:53	Aqueous	N/A	08/05/14	08/05/14 16:00	E0805HEML1
-------------------	----------------	-------------------	---------	-----	----------	-------------------	------------

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

Parameter	Result	RL	MDL	DF	Qualifiers
HEM: Oil and Grease	26.0	1.00	0.800	1.00	

NPDES Prod. Water	14-07-2120-1-C	07/30/14 19:53	Aqueous	N/A	08/05/14	08/05/14 16:00	E0805HEML1
-------------------	----------------	-------------------	---------	-----	----------	-------------------	------------

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

Parameter	Result	RL	MDL	DF	Qualifiers
HEM: Oil and Grease	32.1	1.00	0.800	1.00	

NPDES Prod. Water	14-07-2120-1-D	07/30/14 19:53	Aqueous	N/A	08/05/14	08/05/14 16:00	E0805HEML1
-------------------	----------------	-------------------	---------	-----	----------	-------------------	------------

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

Parameter	Result	RL	MDL	DF	Qualifiers
HEM: Oil and Grease	28.6	1.00	0.800	1.00	

Method Blank	099-05-119-3651	N/A	Aqueous	N/A	08/02/14	08/02/14 18:00	E0802HEML1
--------------	-----------------	-----	---------	-----	----------	-------------------	------------

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

Parameter	Result	RL	MDL	DF	Qualifiers
HEM: Oil and Grease	ND	1.0	0.80	1.00	

Method Blank	099-05-119-3652	N/A	Aqueous	N/A	08/05/14	08/05/14 16:00	E0805HEML1
--------------	-----------------	-----	---------	-----	----------	-------------------	------------

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

Parameter	Result	RL	MDL	DF	Qualifiers
HEM: Oil and Grease	ND	1.0	0.80	1.00	

RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.



Calscience

Analytical Report

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 07/31/14
Work Order: 14-07-2120
Preparation: N/A
Method: EPA 200.8
Units: mg/L

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 1

Client Sample Number	Lab Sample Number	Date/Time Collected	Matrix	Instrument	Date Prepared	Date/Time Analyzed	QC Batch ID
NPDES Prod. Water	14-07-2120-1-E	07/30/14 19:53	Aqueous	ICP/MS 04	07/31/14	08/01/14 15:11	140731L01

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

<u>Parameter</u>	<u>Result</u>	<u>RL</u>	<u>MDL</u>	<u>DF</u>	<u>Qualifiers</u>
Zinc	0.443	0.0250	0.00239	5.00	B

Method Blank	099-16-094-437	N/A	Aqueous	ICP/MS 04	07/31/14	07/31/14 15:45	140731L01
--------------	----------------	-----	---------	-----------	----------	-------------------	-----------

Comment(s): - Results were evaluated to the MDL (DL), concentrations \geq to the MDL (DL) but $<$ RL (LOQ), if found, are qualified with a "J" flag.

<u>Parameter</u>	<u>Result</u>	<u>RL</u>	<u>MDL</u>	<u>DF</u>	<u>Qualifiers</u>
Zinc	0.000758	0.00500	0.000479	1.00	J

RL: Reporting Limit. DF: Dilution Factor. MDL: Method Detection Limit.



Quality Control - Spike/Spike Duplicate

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 07/31/14
Work Order: 14-07-2120
Preparation: N/A
Method: EPA 1664A

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 2

Quality Control Sample ID	Type	Matrix	Instrument	Date Prepared	Date Analyzed	MS/MSD Batch Number
14-07-2128-4	Sample	Aqueous	N/A	08/02/14	08/02/14 18:00	E0802HEMS1
14-07-2128-4	Matrix Spike	Aqueous	N/A	08/02/14	08/02/14 18:00	E0802HEMS1
14-07-2128-4	Matrix Spike Duplicate	Aqueous	N/A	08/02/14	08/02/14 18:00	E0802HEMS1

Parameter	Sample Conc.	Spike Added	MS Conc.	MS %Rec.	MSD Conc.	MSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	37.00	40.00	76.00	98	76.80	100	78-114	1	0-18	

RPD: Relative Percent Difference. CL: Control Limits



Quality Control - Spike/Spike Duplicate

Beta Offshore	Date Received:	07/31/14
111 W. Ocean Blvd., Suite 1240	Work Order:	14-07-2120
Long Beach, CA 90802-4633	Preparation:	N/A
	Method:	EPA 200.8
Project: Weekly NPDES Produced Water Monitoring		Page 2 of 2

Quality Control Sample ID	Type	Matrix	Instrument	Date Prepared	Date Analyzed	MS/MSD Batch Number
14-07-2085-2	Sample	Aqueous	ICP/MS 03	07/31/14	07/31/14 15:43	140731S01
14-07-2085-2	Matrix Spike	Aqueous	ICP/MS 03	07/31/14	07/31/14 15:38	140731S01
14-07-2085-2	Matrix Spike Duplicate	Aqueous	ICP/MS 03	07/31/14	07/31/14 15:42	140731S01

Parameter	Sample Conc.	Spike Added	MS Conc.	MS %Rec.	MSD Conc.	MSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
Zinc	0.2335	0.1000	0.3414	108	0.3378	104	80-120	1	0-20	

RPD: Relative Percent Difference. CL: Control Limits



Quality Control - LCS/LCSD

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 07/31/14
Work Order: 14-07-2120
Preparation: N/A
Method: EPA 1664A

Project: Weekly NPDES Produced Water Monitoring

Page 1 of 2

Quality Control Sample ID	Type	Matrix	Instrument	Date Prepared	Date Analyzed	LCS/LCSD Batch Number
099-05-119-3651	LCS	Aqueous	N/A	08/02/14	08/02/14 18:00	E0802HEML1
099-05-119-3651	LCSD	Aqueous	N/A	08/02/14	08/02/14 18:00	E0802HEML1

Parameter	Spike Added	LCS Conc.	LCS %Rec.	LCSD Conc.	LCSD %Rec.	%Rec. CL	RPD	RPD CL	Qualifiers
HEM: Oil and Grease	40.00	38.50	96	38.80	97	78-114	1	0-18	

RPD: Relative Percent Difference. CL: Control Limits



Quality Control - LCS

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, CA 90802-4633

Date Received: 07/31/14
Work Order: 14-07-2120
Preparation: N/A
Method: EPA 200.8

Project: Weekly NPDES Produced Water Monitoring

Page 2 of 2

Quality Control Sample ID	Type	Matrix	Instrument	Date Prepared	Date Analyzed	LCS Batch Number
099-16-094-437	LCS	Aqueous	ICP/MS 04	07/31/14	07/31/14 15:49	140731L01
Parameter	Spike Added		Conc. Recovered	LCS %Rec.	%Rec. CL	Qualifiers
Zinc	0.1000		0.1128	113	80-120	

RPD: Relative Percent Difference. CL: Control Limits

Sample Analysis Summary Report

Sample ID

Page 1 of 1

	<u>Extraction</u>	<u>Chemist ID</u>	<u>Instrument</u>	<u>Analytical Location</u>
EPA 1664A	N/A	691	N/A	1
EPA 200.8	N/A	598	ICP/MS 04	1

Location 1: 7440 Lincoln Way, Garden Grove, CA 92841



Glossary of Terms and Qualifiers

Work Order: 14-07-2120

Page 1 of 1

Qualifiers	Definition
*	See applicable analysis comment.
<	Less than the indicated value.
>	Greater than the indicated value.
1	Surrogate compound recovery was out of control due to a required sample dilution. Therefore, the sample data was reported without further clarification.
2	Surrogate compound recovery was out of control due to matrix interference. The associated method blank surrogate spike compound was in control and, therefore, the sample data was reported without further clarification.
3	Recovery of the Matrix Spike (MS) or Matrix Spike Duplicate (MSD) compound was out of control due to suspected matrix interference. The associated LCS recovery was in control.
4	The MS/MSD RPD was out of control due to suspected matrix interference.
5	The PDS/PDS or PES/PESD associated with this batch of samples was out of control due to suspected matrix interference.
6	Surrogate recovery below the acceptance limit.
7	Surrogate recovery above the acceptance limit.
B	Analyte was present in the associated method blank.
BU	Sample analyzed after holding time expired.
BV	Sample received after holding time expired.
E	Concentration exceeds the calibration range.
ET	Sample was extracted past end of recommended max. holding time.
HD	The chromatographic pattern was inconsistent with the profile of the reference fuel standard.
HDH	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but heavier hydrocarbons were also present (or detected).
HDL	The sample chromatographic pattern for TPH matches the chromatographic pattern of the specified standard but lighter hydrocarbons were also present (or detected).
J	Analyte was detected at a concentration below the reporting limit and above the laboratory method detection limit. Reported value is estimated.
JA	Analyte positively identified but quantitation is an estimate.
ME	LCS Recovery Percentage is within Marginal Exceedance (ME) Control Limit range (+/- 4 SD from the mean).
ND	Parameter not detected at the indicated reporting limit.
Q	Spike recovery and RPD control limits do not apply resulting from the parameter concentration in the sample exceeding the spike concentration by a factor of four or greater.
SG	The sample extract was subjected to Silica Gel treatment prior to analysis.
X	% Recovery and/or RPD out-of-range.
Z	Analyte presence was not confirmed by second column or GC/MS analysis.

Solid - Unless otherwise indicated, solid sample data is reported on a wet weight basis, not corrected for % moisture. All QC results are reported on a wet weight basis.

Any parameter identified in 40CFR Part 136.3 Table II that is designated as "analyze immediately" with a holding time of ≤ 15 minutes (40CFR-136.3 Table II, footnote 4), is considered a "field" test and the reported results will be qualified as being received outside of the stated holding time unless received at the laboratory within 15 minutes of the collection time.

A calculated total result (Example: Total Pesticides) is the summation of each component concentration and/or, if "J" flags are reported, estimated concentration. Component concentrations showing not detected (ND) are summed into the calculated total result as zero concentrations.

14-07-2120

LTS Environmental Inc. 704 Adirondack Avenue Ventura, CA 93003 805-644-4560	Report to: Marina Robertson 111 W. Ocean Blvd. Suite 1240 Long Beach, CA. 90802	Bill to: Marina Robertson 111 W. Ocean Blvd. Suite 1240 Long Beach, CA 90802
--	--	---

FACILITY:	<u>Platform Elly</u>	SUBMITTED TO:	<u>CalScience</u>	PHONE:	<u>714-895-5494</u>
SAMPLER NAME:	<u>Bill Rollins</u>	REPORT TO:	<u>Marina Robertson</u>	PHONE:	<u>562-683-3497</u>
PROJECT/CHARGE #	<u>Weekly NPDES Produced Water Monitoring</u>	COPIES TO:	<u>Platform Supervisor</u>	PHONE:	<u>562-606-5705</u>
RESULTS REQUIRED:	<u>48 hr RUSH</u>		<u>S.G. Lawry @ LTS</u>	PHONE:	<u>805-644-4560</u>
RESULTS BY: PHONE:		E-MAIL	<u>X</u> <u>mrobertson@betaoffshore.com</u>	<u>704 Adirondack, Ventura, CA 93003</u>	

SAMPLE NO.	SAMPLE ID	GRAB/ COMP.	VOLUME	DATE/TIME COLLECTED	PRESERV.	ANALYSES REQUESTED (METHOD)
1	NPDES Prod. Water	grab	1 L amber	7-30-14 1953	HCl H ₂ SO ₄	Oil & Grease (EPA 1664)
2	NPDES Prod. Water	grab	1 L amber	7-30-14 1953	HCl	Oil & Grease (EPA 1664) Hold
3	NPDES Prod. Water	grab	1 L amber	7-30-14 1953	HCl	Oil & Grease (EPA 1664) Hold
4	NPDES Prod. Water	grab	1 L amber	7-30-14 1953	HCl	Oil & Grease (EPA 1664) Hold
5	NPDES Prod. Water	grab	200-500 ml	7-30-14 1953	HNO ₃	Zinc (EPA 200.8) Report MDLs and PQLs
Caution to Sample Collector: all sample bottles contain a concentrated acid preservative. Follow all procedures outlined in your NPDES manual and use proper PPE when collecting the samples.						

Comments: For Samples 1-4: Analyze Sample #1 only - hold other samples until further notice.

Relinquished by:	Date: <u>7/31/14</u>
Received by: <u>My W ECI</u>	Time: <u>1229</u>

Relinquished by:	Date: <u>7/31/14</u>
Received by: <u>My W ECI</u>	Time: <u>15:45</u>

Relinquished by:	Date:
Received by:	Time:

Relinquished by:	Date:
Received by:	Time:

Calscience

WORK ORDER #: 14-07-2120

SAMPLE RECEIPT FORM

Cooler 1 of 1

CLIENT: BETA OFFSHORE

DATE: 07/31/14

TEMPERATURE: Thermometer ID: SC1 (Criteria: 0.0°C – 6.0°C, not frozen except sediment/tissue)

Temperature 2.3 °C - 0.3°C (CF) = 2.0 °C ☐ Blank ☒ Sample

☐ Sample(s) outside temperature criteria (PM/APM contacted by: _____)

☐ Sample(s) outside temperature criteria but received on ice/chilled on same day of sampling.

☐ Received at ambient temperature, placed on ice for transport by Courier.

Ambient Temperature: ☐ Air ☐ Filter

Checked by: 676

CUSTODY SEALS INTACT:

☐ Cooler ☐ _____ ☐ No (Not Intact) ☒ Not Present ☐ N/A Checked by: 676

☐ Sample ☐ _____ ☐ No (Not Intact) ☒ Not Present Checked by: 659

SAMPLE CONDITION:

Chain-Of-Custody (COC) document(s) received with samples..... ☒ Yes ☐ No ☐ N/A

COC document(s) received complete..... ☒ Yes ☒ No ☐ N/A

☐ Collection date/time, matrix, and/or # of containers logged in based on sample labels.

☐ No analysis requested. ☒ Not relinquished. ☐ No date/time relinquished.

Sampler's name indicated on COC..... ☒ Yes ☐ No ☐ N/A

Sample container label(s) consistent with COC..... ☐ Yes ☒ No ☐ N/A

Sample container(s) intact and good condition..... ☒ Yes ☐ No ☐ N/A

Proper containers and sufficient volume for analyses requested..... ☒ Yes ☐ No ☐ N/A

Analyses received within holding time..... ☒ Yes ☐ No ☐ N/A

Aqueous samples received within 15-minute holding time

☐ pH ☐ Residual Chlorine ☐ Dissolved Sulfides ☐ Dissolved Oxygen..... ☐ Yes ☐ No ☒ N/A

Proper preservation noted on COC or sample container..... ☒ Yes ☐ No ☐ N/A

☐ Unpreserved vials received for Volatiles analysis

Volatile analysis container(s) free of headspace..... ☐ Yes ☐ No ☒ N/A

Tedlar bag(s) free of condensation..... ☐ Yes ☐ No ☒ N/A

CONTAINER TYPE:

Solid: ☐ 4ozCGJ ☐ 8ozCGJ ☐ 16ozCGJ ☐ Sleeve (_____) ☐ EnCores® ☐ TerraCores® ☐ _____

Aqueous: ☐ VOA ☐ VOA_h ☐ VOA_{na2} ☐ 125AGB ☐ 125AGB_h ☐ 125AGB_p ☐ 1AGB ☐ 1AGB_{na2} ☒ 1AGB_s
☐ 500AGB ☐ 500AGJ ☐ 500AGJ_s ☐ 250AGB ☐ 250CGB ☐ 250CGB_s ☐ 1PB ☐ 1PB_{na} ☐ 500PB

☐ 250PB ☒ 250PB_{na} ☐ 125PB ☐ 125PB_{znna} ☐ 100PJ ☐ 100PJ_{na2} ☐ _____ ☐ _____ ☐ _____

Air: ☐ Tedlar® ☐ Canister Other: ☐ _____ Trip Blank Lot#: _____ Labeled/Checked by: 659

Container: C: Clear A: Amber P: Plastic G: Glass J: Jar B: Bottle Z: Ziploc/Resealable Bag E: Envelope Reviewed by: 603

Preservative: h: HCL n: HNO₃ na₂: Na₂S₂O₃ na: NaOH p: H₃PO₄ s: H₂SO₄ u: Ultra-pure znna: ZnAc₂+NaOH f: Filtered Scanned by: 603



Calscience

WORK ORDER #: 14-07-2120

SAMPLE ANOMALY FORM**SAMPLES - CONTAINERS & LABELS:****Comments:**

- ☐ Sample(s) NOT RECEIVED but listed on COC
☐ Sample(s) received but NOT LISTED on COC
☐ Holding time expired – list sample ID(s) and test
☐ Insufficient quantities for analysis – list test
☐ Improper container(s) used – list test
☐ Improper preservative used – list test
☐ No preservative noted on COC or label – list test & notify lab
☐ Sample labels illegible – note test/container type
☐ Sample label(s) do not match COC – Note in comments
- ☐ Sample ID
☐ Date and/or Time Collected
☐ Project Information
☐ # of Container(s)
☐ Analysis
- ☐ Sample container(s) compromised – Note in comments
- ☐ Water present in sample container
☐ Broken
- ☒ Sample container(s) not labeled
- ☐ Air sample container(s) compromised – Note in comments
- ☐ Flat
☐ Very low in volume
☐ Leaking (Not transferred - duplicate bag submitted)
☐ Leaking (transferred into Calscience Tedlar® Bag*)
☐ Leaking (transferred into Client's Tedlar® Bag*)
- ☐ Other: _____

HEADSPACE – Containers with Bubble > 6mm or ¼ inch:

Sample #	Container ID(s)	# of Vials Received	Sample #	Container ID(s)	# of Vials Received	Sample #	Container ID(s)	# of Cont. received	Analysis

Comments: _____

*Transferred at Client's request.

Initial / Date: CSJ 07/31/14

Return to Contents

Platform Ellen
Attachment 1
EPA DMR
PERMIT NO. CAG280000

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


Beta Platform Ellen

LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 06 01			To: 14 09 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units					
DRILLING FLUIDS VOLUME Well # A-21 June - July	Sample Measurement		No Discharge	Barrels/ Well						1/well 1/day	Estimate		
	Permit Requirement		Report										
Well # A-49 August	Sample Measurement		No Discharge	Barrels/ Well						1/well 1/day	Estimate		
	Permit Requirement		Report										
Well # A-49 September	Sample Measurement		No Discharge	Barrels/ Well						1/well 1/day	Estimate		
	Permit Requirement		Report										
DRILLING FLUIDS VOLUME Quarterly Total 07/01/14 - 09/30/14	Sample Measurement		0	Barrels/ Quarter					0				
	Permit Requirement		Report										
Annual Cumulative Volume Limit ¹ 03/01/14 - 02/28/15	Sample Measurement		270	Barrels/ Year					0				
	Permit Requirement		49,950 *										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526		10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-21 during the months of June and July. The well was completed on July 25, 2014.

Drilling activities also took place on Well A-49 during the months of August and September. The well was completed on September 13, 2014.

¹ Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 06 01			To: 14 09 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
DRILL CUTTINGS VOLUME	Sample Measurement		No Discharge	Barrels/ Month							
Well # A-21 June - July	Permit Requirement		Report						1/well 1/day	Estimate Grab	
Well # A-49	Sample Measurement		No Discharge	Barrels/ Month							
August	Permit Requirement		Report						1/well 1/day	Estimate Grab	
Well # A-49	Sample Measurement		No Discharge	Barrels/ Month							
September	Permit Requirement		Report						1/well 1/day	Estimate Grab	
Annual Cumulative Volume Limit ₁	Sample Measurement		0	Barrels/ Year					0		
03/01/14 - 02/28/15	Permit Requirement		18,150 *								
DRILL FLUIDS/CUTTINGS FREE OIL	Sample Measurement				No Discharge		# Days Sheen Observed				
June - July	Permit Requirement				Negative Static Sheen Test/Free Oil			1/well 1/day	Visual Visual		
August	Sample Measurement				No Discharge		# Days Sheen Observed				
	Permit Requirement				Negative Static Sheen Test/Free Oil			1/well 1/day	Visual Visual		
September	Sample Measurement				No Discharge		# Days Sheen Observed				
	Permit Requirement				Negative Static Sheen Test/Free Oil			1/well 1/day	Visual Visual		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE	DATE		
Jim Guion Executive Vice President, Chief Operating Officer	(562) 628-1526	10 22 2014									
TYPED OR PRINTED	Area Code Number	MONTH/DAY/YEAR									

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-21 during the months of June and July. The well was completed on July 25, 2014.

Drilling activities also took place on Well A-49 during the months of August and September. The well was completed on September 13, 2014.

¹ Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

* The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


Beta Platform Ellen

LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 06 01			To: 14 09 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY WELL No. A-21, A-49	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY₁ WELL No. A-21, A-49	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY WELL No. A-21, A-49	Sample Measurement				N / A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM WELL No. A-21, A-49	Sample Measurement				N / A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY WELL No. A-21, A-49	Sample Measurement				N / A				
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID WELL No. A-21, A-49	Sample Measurement				N / A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids 2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings	51707 1 0				No Discharge				
					No Discharge				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 5 MONTHS AND 5 YEARS)				TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager				(562) 628-1526		10 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Drilling activities took place on Well A-21 during the months of June and July. The well was completed on July 25, 2014.

Drilling activities also took place on Well A-49 during the months of August and September. The well was completed on September 13, 2014.

N / A: There were no drilling related discharges for Wells A-21 and A-49.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

002
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

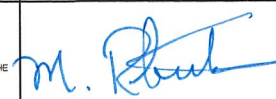
Beta Platform Ellen

LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

PRODUCED WATER (002)
(Commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type								
		Average	Maximum	Units	Minimum	Average	Maximum	Units											
PRODUCED WATER Flow Rate	Sample Measurement	N / A		Monthly Average bbl/Day															
July - September	Permit Requirement									1/day	Estimate								
QUARTERLY AVERAGE Volume		N / A		Quarterly Average bbl/Day						1/quarter	Estimate								
ANNUAL CUMULATIVE¹ Volume	Sample Measurement		N / A	Barrels/ Year															
03/01/14 - 02/28/15	Permit ¹ Requirement		10,950,000																
PRODUCED WATER Oil & Grease	Sample Measurement					N / A	N / A	mg/L											
	Permit Requirement					29.0	42.0			1/week	Grab								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE										
Jim Guion Executive Vice President, Chief Operating Officer																			
TYPED OR PRINTED																			
		 Marina Robertson, HSE Manager					(562) 628-1526		10 22 2014										
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR										

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

N / A: There was no produced water discharge at Platform Ellen. All produced water for the quarter sent to Elly for processing, then back to Ellen and injected.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒

CAG280000
PERMIT NO.

003
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5"LAT., 118° 07' 41.6"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 06 01			To: 14 09 30		

**WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)**
(commingled with produced water at Plt Elly
NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type					
		Average	Maximum	Units	Minimum	Average	Maximum	Units								
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , FLOW June - July	Sample Measurement		N / A	Barrels / Job												
	Permit Requirement		Report													
August	Sample Measurement		N / A	Barrels / Job												
	Permit Requirement		Report													
September	Sample Measurement		N / A	Barrels / Job												
	Permit Requirement		Report													
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , OIL AND GREASE																
						MONTHLY AVERAGE	DAILY MAXIMUM									
June	Sample Measurement					N / A	N / A	mg/L								
	Permit Requirement					29.0	42.0			1/job	Grab					
July	Sample Measurement					N / A	N / A	mg/L								
	Permit Requirement					29.0	42.0			1/job	Grab					
August - September	Sample Measurement					N / A	N / A	mg/L								
	Permit Requirement					29.0	42.0			1/job	Grab					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)</small>					TELEPHONE		DATE							
Jim Guion Executive Vice President, Chief Operating Officer								(562) 628-1526	10 22 2014							
TYPED OR PRINTED								Area Code Number		MONTH/DAY/YEAR						
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT														

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).
N / A: No WTCF discharged during this DMR period.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

003
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 06 01			To: 14 09 30		

**WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)**
(commingled with produced water at Plt Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units					
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , June	Sample Measurement		0	Number of jobs									
	Permit Requirement		Report										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , Type of job: Completion July	Sample Measurement		1	Number of jobs									
	Permit Requirement		Report										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , Type of job: Completion August - September	Sample Measurement		1	Number of jobs									
	Permit Requirement		Report										
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , STATIC SHEEN June	Sample Measurement				N / A				# Times Sheen Observed				
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab		
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS , STATIC SHEEN July - September	Sample Measurement				N / A				# Times Sheen Observed				
	Permit Requirement				Negative Static Sheen Test - # Times observed-None					1/discharge	Grab		
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory June	Sample Measurement				N / A								
	Permit Requirement				Report					1/month	List		
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory July - September	Sample Measurement				N / A								
	Permit Requirement				Report					1/month	List		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager							(562) 628-1526		10 22 2014		
TYPED OR PRINTED									Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number		
											MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

N / A: A job was performed on Well A-21 in July and on Well A-49 in September, however no fluids were discharged. A chemical inventory is available on request.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒

CAG280000
PERMIT NO.

004
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

DECK DRAINAGE (004)
(commingled with produced water at Plt Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Units	Minimum	Average	Maximum	Units						
DECK DRAINAGE VOLUME-FLOW RATE ¹	Sample Measurement	N / A	Mo. Avg. bbl/day										
	Permit Requirement	Report							1/month	Estimate			
July	Sample Measurement	N / A	Mo. Avg. bbl/day										
	Permit Requirement	Report							1/month	Estimate			
August	Sample Measurement	N / A	Mo. Avg. bbl/day										
	Permit Requirement	Report							1/month	Estimate			
September	Sample Measurement	N / A	Mo. Avg. bbl/day										
	Permit Requirement	Report							1/month	Estimate			
	Sample Measurement												
	Permit Requirement												
DECK DRAINAGE FREE OIL	Sample Measurement	N / A	# Days Sheen Observed	N / A									
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight			
July	Sample Measurement	N / A	# Days Sheen Observed	N / A									
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight			
August	Sample Measurement	N / A	# Days Sheen Observed	N / A									
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight			
September	Sample Measurement	N / A	# Days Sheen Observed	N / A									
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE					
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		10 22 2014					
TYPED OR PRINTED						Area Code Number		MONTH/DAY/YEAR					
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Deck drain volumes are commingled with production and not discharged separately.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

Approved Form
OMB No. 2000-0015

CAG280000
PERMIT NO.

004
DISCHARGE NO.

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

DECK DRAINAGE (004)
(commingled with produced water at Plt Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Units	Minimum	Average	Maximum	Units						
DECK DRAINAGE VOLUME-FLOW RATE ¹	Sample Measurement	N / A	Mo. Avg. bbl/day										
	Permit Requirement	Report							1/month	Estimate			
July													
August	Sample Measurement	N / A	Mo. Avg. bbl/day						1/month	Estimate			
	Permit Requirement	Report											
September	Sample Measurement	N / A	Mo. Avg. bbl/day						1/month	Estimate			
	Permit Requirement	Report											
DECK DRAINAGE FREE OIL	Sample Measurement	N / A	# Days Sheen Observed	N / A									
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.					1/day	Visual - Daylight			
July													
August	Sample Measurement	N / A	# Days Sheen Observed	N / A					1/day	Visual - Daylight			
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.									
September	Sample Measurement	N / A	# Days Sheen Observed	N / A					1/day	Visual - Daylight			
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE					
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		10 22 2014					
TYPED OR PRINTED						Marina Robertson, HSE Manager							
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR					

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Deck drain volumes are commingled with production and not discharged separately.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

005
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

SANITARY & DOMESTIC WASTES (005)
(Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SANITARY WASTE , FLOW RATE	Sample Measurement	82.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
July	Sample Measurement	82.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
August	Sample Measurement	82.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
September	Sample Measurement	83.0		Monthly Average bbl/day					0	1/day	Estimate
	Permit Requirement	Report								1/month	Estimate
SANITARY WASTES FLOATING SOLIDS	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight
July	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight
August	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight
September	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer							(562) 628-1526		10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Sanitary includes restroom sinks, showers and toilets.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

005
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

SANITARY & DOMESTIC WASTES (005)
(Domestic waste commingled with produced water at Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average			Minimum	Average	Maximum	Units				
SANITARY WASTE RESIDUAL CHLORINE ^{1,2} July	Sample Measurement				N / A	N / A	N / A	mg/l	0			
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab	
August	Sample Measurement				N / A	N / A	N / A	mg/l	0			
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab	
September	Sample Measurement				N / A	N / A	N / A	mg/l	0			
	Permit Requirement				1 mg/l	N / A	10 mg/l			Monthly	Grab	
DOMESTIC WASTE (as laundry) FLOW RATE July - September	Sample Measurement	N / A		Monthly						1/day	Estimate	
	Permit Requirement	Report		Average bbl/day						1/month	Estimate	
DOMESTIC WASTES FOAM & FLOATING SOLIDS July - September	Sample Measurement		N / A	# days observed	N / A					1/day	Visual - Daylight	
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer												
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.

N / A: Domestic laundry water is commingled with production and sent to Platform Elly for injection at Ellen (refer to Plt. Ellen DMR).

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒

CAG280000
PERMIT NO.

008
DISCHARGE NO.

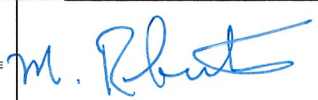
Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

FIRE CONTROL WATER (008)
(commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS July	Sample Measurement	N / A	# Days	N / A				0	1/day	Visual - Daylight
	Permit Requirement	None	Observed	No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
August	Sample Measurement	N / A	# Days	N / A				0	1/day	Visual - Daylight
	Permit Requirement	None	Observed	No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
September	Sample Measurement	N / A	# Days	N / A				0	1/day	Visual - Daylight
	Permit Requirement	None	Observed	No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
					Monthly Average	Daily Maximum				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE July - September	Sample Measurement				N / A	N / A	ug/L	0	1/month	Grab
	Permit Requirement				N / A	N / A			1/month	Grab
	Sample Measurement									
	Permit Requirement									
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory July - September	Sample Measurement			N / A					1/month	List
	Permit Requirement			Report					1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE	DATE		
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager					(562) 628-1526	10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number	MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: Fire water is commingled with deck drains and produced water at Platform Elly and is injected at Ellen. The firewater is not chlorinated or chemically treated.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

009
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NON-CONTACT COOLING WATER (009)
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FLOW VOLUME July	Sample Measurement	36,000	Barrels/ Day					0	1/month	Estimate
	Permit Requirement	Report							1/month	Estimate
August	Sample Measurement	36,000	Barrels/ Day					0	1/month	Estimate
	Permit Requirement	Report							1/month	Estimate
September	Sample Measurement	36,000	Barrels/ Day					0	1/month	Estimate
	Permit Requirement	Report							1/month	Estimate
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER FOAM/FLOATING SOLIDS 51705 1 0 July	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
August	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
September	Sample Measurement	0	# Days Observed	No floating solids in the receiving water.				0	1/day	Visual - Daylight
	Permit Requirement	0		No foam in the receiving water.					1/day	Visual - Daylight
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager					(562) 628-1526		10 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

Approved Form
OMB No. 2000-0015

CAG280000
PERMIT NO.

009
DISCHARGE NO.

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NON-CONTACT COOLING WATER (009)
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Units	Minimum	Monthly Average	Daily Maximum	Units						
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHLORINE ¹ July - September	Sample Measurement				0.00040	0.00040	mg/L	0	1/quarter	Grab			
	Permit Requirement				0.00583	0.0104			1/quarter	Grab			
NON-CONTACT COOLING WATER (009) COMBINED with EXCESS SEAWATER CHEMICAL INVENTORY July - September				See Attachment #2 Chemical Inventory				0	1/month	List			
				Report					1/month	List			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)				TELEPHONE		DATE					
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		10 22 2014					
TYPED OR PRINTED						Area Code Number		MONTH/DAY/YEAR					
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Chlorine values reported above are post-dilution per EPA Plumes UM. Chlorine limits are post-dilution as listed in the permit, Appendix C.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒ X
Approved Form
OMB No. 2000-0015

CAG280000
PERMIT NO.


019
DISCHARGE NO.

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

EXCESS CEMENT SLURRY (019)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
EXCESS CEMENT SLURRY (019) FLOW VOLUME ₁	Sample Measurement	No Discharge	Monthly Average							
June	Permit Requirement	Report	bbl/day						1/month	Estimate
EXCESS CEMENT SLURRY (019) FLOW VOLUME ₁	Sample Measurement	No Discharge	Monthly Average							
July - September	Permit Requirement	Report	bbl/day						1/month	Estimate
EXCESS CEMENT SLURRY ANNUAL CUMULATIVE VOLUME ₂	Sample Measurement	No Discharge	Barrels/ Year					0		
03/01/14 - 02/28/15	Permit Requirement	1,200 *								
EXCESS CEMENT SLURRY SHEEN TEST/FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge						
June - July	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge						
August	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge						
September	Permit Requirement	None		No foam or floating solids No Oil					1/well 1/day	Visual Rec. Water
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager				(562) 628-1526		10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ The monthly average flow rates are based on the number of days of discharge (not on the number of days in each month).

² Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015. The total annual cumulative volume limit is a combined li of excess cement slurry volumes from both Platforms Ellen and Ely, as listed in the permit.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

006,007,010,011,012,013,014
DISCHARGE NO.


Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media

Approved Form
OMB No. 2000-0015

Beta Platform Ellen
LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type					
		Average	Maximum	Units	Minimum	Average	Maximum	Units								
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge											
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water					
(007) Desalination Unit FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge											
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water					
(010) Ballast/Storage Displacement Wtr FLOW RATE, FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly	No Discharge											
	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight					
(011) Bilge Water FLOW FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly	No Discharge											
	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate					
(012) Boiler Blowdown FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge											
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water					
(013) Test Fluids * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly	No Discharge											
	Permit Requirement	Report		Average bbl/day	No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight					
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge											
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE					
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager							(562) 628-1526		10 22 2014					
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number		MONTH/DAY/YEAR					

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

nit

* See Chemical Inventory, if discharged.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

015, 016, 017, 018, 020, 021
DISCHARGE NO.

Bulk Water Transfer Overflow
Uncontaminated Water
Water Flooding Discharges
Laboratory Wastes (commingled w/ production)
Muds, Cuttings, Cement at Sea
Hydrotest Water


Approved Form
OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Units	Minimum	Average	Maximum	Units				
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS July - September	Sample Measurement			No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water	
	Permit Requirement			No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(016) Uncontaminated Water, FOAM, FLOATING SOLIDS July - September	Sample Measurement			No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
	Permit Requirement			No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS* July - September	Sample Measurement			No Discharge							
	Permit Requirement			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(018) Laboratory Wastes FREE OIL FOAM, FLOATING SOLIDS (Commingled with production) July - September	Sample Measurement			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				0	1/month 1/discharge	Visual Rec. Water	
	Permit Requirement			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(020) Muds, Cuttings, Cement at Sea Floor FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			No Discharge							
	Permit Requirement			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water	
(021) Hydrotest Water FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement		Monthly Average bbl/day	No Discharge							
	Permit Requirement	Report		No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight	
(021) HYDROTEST WATER * CHLORINE July - September	Sample Measurement				No Discharge	No Discharge	ug/L				
	Permit Requirement				N / A	N / A			1/month 1/discharge	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE			
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		10 22 2014			
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Uncontaminated water (excess seawater) is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

* See Chemical Inventory, if discharged.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

022
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Ellen

LOCATION: 33° 34' 56.5" LAT., 118° 07' 41.6" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

H2S Gas Processing Waste Water

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(022) H2S Gas Processing Waste Water 74076 1 0 July - September	Sample Measurement			Monthly							
	Permit Requirement	Report		bbf/day						1/discharge	Estimate
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge						
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/discharge	Visual - Daylight
Surfactants, Detergents, Dispersants July - September	Sample Measurement				Minimized				0		
	Permit Requirement				Minimize						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE			
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		10 22 2014			
TYPED OR PRINTED						Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Attachment 2

Chemical Inventory

**ATTACHMENT 2
PLATFORM ELLEN
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
July 1, 2014 through September 30, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe ¹ Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
July	36,000	Chlorine	0.76	0.5
August	36,000	Chlorine	0.76	0.5
September	36,000	Chlorine	0.91	0.6
008 Fire Control System Water	N / A	None	None	None
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations daily monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel). The chlorine concentrations are the same for Elly and Ellen since Ellen's seawater pump supplies the non-contact cooling water to Elly.

N /A: Not chlorinated

Attachment 3

Non-Contact Cooling Water Chlorine Residual Results

ATTACHMENT 3
PLATFORM ELLEN
NON-CONTACT COOLING WATER CHLORINE RESULTS
July 1, 2014 through September 30, 2014

<u>Discharge</u>	<u>Measurement Frequency</u>	<u>Average Monthly Limit ¹ Post Dilution</u> (mg/l)	<u>Maximum Daily Limit ¹ Post Dilution</u> (mg/l)	<u>Result Post Dilution</u> (mg/l)	<u>End-of-Pipe Concentration</u> (mg/l) EPA Method 330.5	<u>EPA Plumes Dilution</u>
009 Non-contact Cooling Water Sample Date: 07/29/14	Once/Quarter	0.00583	0.0104	0.00040	0.06	149:1

¹ Limits are post-dilution as listed in the permit, Appendix C.



LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

August 13, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u>
	Platform Elly / Ellen	
July 29, 2014 @ 1300 hrs	Non-Contact Cooling Water Outlet East Seawater Pump	0.06 mg/l
LTS Meter S/N: 12040E195572		Method Blank < 0.05 mg/l (MDL)

Technician: Cole Jenkins

S.G. Lawry
Environmental Specialist / LTS



LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date September 5, 2014	Total Residual Chlorine (EPA Method 330.5)
LTS meter (SN 041200088375)	0.57 mg/l
LTS meter (SN 12040E195572)	0.52 mg/l
RT Corporation test sample: (Lot #QC1065-021081)	
Acceptance Limits	0.481 – 0.835 mg/l
Certified Value	0.658 mg/l \pm 0.0110
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

S.G. Lawry
Environmental Specialist
President, LTS

Platform Eureka

Attachment 1

EPA DMR
PERMIT NO. CAG280000

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka

LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type												
		Average	Maximum	Units	Minimum	Average	Maximum	Units															
DRILLING FLUIDS VOLUME Well # N / A July	Sample Measurement		No Discharge	Barrels/ Well																			
	Permit Requirement		Report							1/well 1/day	Estimate												
Well # N / A August	Sample Measurement		No Discharge	Barrels/ Well																			
	Permit Requirement		Report							1/well 1/day	Estimate												
Well # N / A September	Sample Measurement		No Discharge	Barrels/ Well																			
	Permit Requirement		Report							1/well 1/day	Estimate												
Quarterly Total 07/01/14 - 09/30/14	Sample Measurement		0	Barrels/ Quarter					0														
	Permit Requirement		Report																				
Annual Cumulative Volume Limit ¹ 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0														
	Permit Requirement		36,650																				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE												
Jim Guion Executive Vice President, Chief Operating Officer																							
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number		MONTH/DAY/YEAR												

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


Beta Platform Eureka

LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Maximum	Units	Minimum	Average	Maximum	Units						
DRILL CUTTINGS VOLUME Well # N / A 82596 1 0 July	Sample Measurement		No Discharge	Barrels/ Month										
	Permit Requirement		Report							1/well 1/day	Estimate Grab			
Well # N / A August	Sample Measurement		No Discharge	Barrels/ Month										
	Permit Requirement		Report							1/well 1/day	Estimate Grab			
Well # N / A September	Sample Measurement		No Discharge	Barrels/ Month										
	Permit Requirement		Report							1/well 1/day	Estimate Grab			
Annual Cumulative Volume Limit ¹ 03/01/14 - 02/28/15	Sample Measurement		0	Barrels/ Year					0					
	Permit Requirement		13,350											
DRILL FLUIDS/CUTTINGS FREE OIL July	Sample Measurement				No Discharge			# Days Sheen Observed						
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual			
August	Sample Measurement				No Discharge			# Days Sheen Observed						
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual			
September	Sample Measurement				No Discharge			# Days Sheen Observed						
	Permit Requirement				Negative Static Sheen Test/Free Oil					1/well 1/day	Visual Visual			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE				
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager						(562) 628-1526		10 22 2014				
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

WELL DISCHARGE MONITORING REPORT (Well DMR)

No Discharge

X

CAG280000
PERMIT NO.

001
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


Beta Platform Eureka

LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

DRILLING FLUIDS AND DRILL CUTTINGS (001)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration		NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Maximum	Units			
DRILLING FLUIDS TOXICITY	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(0-80%) Well Footage	Grab
DRILLING FLUIDS TOXICITY WELL No.	Sample Measurement				N / A	% by Volume			
	Permit Requirement				LC50 > 3% SPP			(80-100%) Well Footage	Grab
BARITE MERCURY	Sample Measurement				N / A	mg / kg			
	Permit Requirement				1 mg / kg			Stock Barite	Grab
BARITE CADMIUM	Sample Measurement				N / A	mg / kg			
	Permit Requirement				3 mg / kg			Stock Barite	Grab
DRILL FLUIDS CHEMICAL INVENTORY WELL No.	Sample Measurement				N / A				
	Permit Requirement				Report			Each Mud System	
No. DAYS DISCHARGE FOR EACH DRILLING FLUID	Sample Measurement				N / A				
	Permit Requirement				Report			# Days Each	
PROHIBITED DISCHARGE 1. Oil-based Fluids 2. Diesel Oil 3. Non-aqueous based drilling fluids or cuttings					N / A			N/A	
					No Discharge			N/A	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 16 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE	
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager				(562) 628-1526		10 22 2014	
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT				Area Code Number		MONTH/DAY/YEAR	

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No discharge of drilling fluids

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

002
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

PRODUCED WATER (002)
(commingled at Platform Elly)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Maximum	Units	Minimum	Average	Maximum	Units						
PRODUCED WATER Flow Rate (commingled at Platform Elly) July - September	Sample Measurement	N / A												
	Permit Requirement									1/day	Estimate			
QUARTERLY AVERAGE Volume		N / A								1/quarter	Estimate			
ANNUAL CUMULATIVE Volume ^{1,2} 03/01/14 - 02/28/15	Sample Measurement		N / A	Barrels/ Year										
	Permit Requirement		10,950,000											
PRODUCED WATER OIL & GREASE	Sample Measurement					No Discharge	No Discharge	mg/L						
	Permit Requirement					29.0	42.0			1/week	Grab			
						N / A	N / A							
Enforceable Limits:														
PRODUCED WATER QUARTERLY CONSTITUENTS						No Discharge	No Discharge			1/month for 1 year	Grab			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE						
Jim Guion Executive Vice President, Chief Operating Officer						(562) 628-1526		10 22 2014						
TYPED OR PRINTED						Marina Robertson, HSE Manager								
						Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number		MONTH/DAY/YEAR				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Permit volume limit applies to a combined produced water volume between platforms Eureka, Ellen, and Elly, as listed in the permit (refer to Plt. Elly DMR).

² Annual cumulative volume limit is applied to the cumulative volumes for the period of March 2014 through February 2015.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

003
DISCHARGE NO.

Approved Form
OMB No. 2000-0015


Beta Platform Eureka

LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

**WELL TREATMENT, COMPLETION
AND WORKOVER FLUIDS (003)**

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units				
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS	Sample Measurement		0	Number of Jobs								
	Permit Requirement		Report									
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Static Sheen July	Sample Measurement				No Discharge			# Times Sheen Observed				
	Permit Requirement				Negative Static Sheen Test - # Times observed-None				1/discharge	Grab		
August	Sample Measurement				No Discharge			# Times Sheen Observed				
	Permit Requirement				Negative Static Sheen Test - # Times observed-None				1/discharge	Grab		
September	Sample Measurement				No Discharge			# Times Sheen Observed				
	Permit Requirement				Negative Static Sheen Test - # Times observed-None				1/discharge	Grab		
WELL TREATMENT, COMPLETION AND WORKOVER FLUIDS Chemical Inventory July - September	Sample Measurement				N / A							
	Permit Requirement				Report				1/month	List		
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer								(562) 628-1526		10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

N / A: No WTCF discharged during this DMR period.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

004
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

DECK DRAINAGE (004)
(Commingled with rain and fire water to disposal well)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type				
		Average	Units	Minimum	Average	Maximum	Units							
DECK DRAINAGE VOLUME Flow Rate ¹ (Commingled with fire water) July	Sample Measurement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate				
	Permit Requirement	Report												
August	Sample Measurement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate				
	Permit Requirement	Report												
September	Sample Measurement	No Discharge	Mo. Avg. bbl/day						1/month	Estimate				
	Permit Requirement	Report												
DECK DRAINAGE Free Oil July	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge					1/day	Visual - Daylight				
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.										
August	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge					1/day	Visual - Daylight				
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.										
September	Sample Measurement	No Discharge	# Days Sheen Observed	No Discharge					1/day	Visual - Daylight				
	Permit Requirement	No Sheen		No free oil/visual sheen on the receiving water.										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE				
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager						(562) 628-1526		10 22 2014				
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Deck drains and related rain water are sent to a disposal well and are not discharged.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

005
DISCHARGE NO.

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

SANITARY & DOMESTIC WASTE (005)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type									
		Average	Maximum	Units	Minimum	Average	Maximum	Units												
SANITARY WASTE FLOW RATE ¹	Sample Measurement	60.0		Monthly Average bbl/day					0	1/day	Estimate									
	Permit Requirement	Report								1/month	Estimate									
July	Sample Measurement	45.0		Monthly Average bbl/day					0	1/day	Estimate									
	Permit Requirement	Report								1/month	Estimate									
August	Sample Measurement	47.0		Monthly Average bbl/day					0	1/day	Estimate									
	Permit Requirement	Report								1/month	Estimate									
September	Sample Measurement			Monthly Average bbl/day					0	1/day	Estimate									
	Permit Requirement									1/month	Estimate									
SANITARY WASTE FLOATING SOLIDS	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight									
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight									
July	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight									
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight									
August	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight									
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight									
September	Sample Measurement		0	# days observed	No floating solids in the receiving waters.				0	1/day	Visual - Daylight									
	Permit Requirement		None		No floating solids in the receiving waters.					1/day	Visual - Daylight									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND/OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE											
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526		10 22 2014									
TYPED OR PRINTED											MONTH/DAY/YEAR									
		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT					Area Code Number													

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Sanitary includes restroom sinks, showers and toilets.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

005
DISCHARGE NO.

No Discharge ☐


Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DA	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

SANITARY & DOMESTIC WASTE (005)
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
SANITARY WASTE RESIDUAL CHLORINE ₁	Sample Measurement				N / A	N / A	N / A	0		
	Permit Requirement				1 mg/l	N / A	10 mg/l			
July									Monthly	Grab
August	Sample Measurement				N / A	N / A	N / A	0		
	Permit Requirement				1 mg/l	N / A	10 mg/l			
September									Monthly	Grab
DOMESTIC WASTE (as laundry) FLOW RATE ₂	Sample Measurement	No Discharge		Monthly						
	Permit Requirement	Report		Average bbl/day						
July									1/month	Estimate
August	Sample Measurement	No Discharge		Monthly						
	Permit Requirement	Report		Average bbl/day						
September									1/month	Estimate
	Sample Measurement	No Discharge		Monthly						
	Permit Requirement	Report		Average bbl/day						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE
Jim Guion Executive Vice President, Chief Operating Officer								(562) 628-1526		10 22 2014
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

- ¹ The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste discharges (as per Condition II.E.1 Footnote 2 of CAG280000). Occasional chlorine tests are performed to ensure proper operation of the device.
- ² Domestic laundry wastewater is separate and sent to a disposal well. Domestic water from showers and sinks is commingled with sanitary.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒

CAG280000
PERMIT NO.

005
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

SANITARY & DOMESTIC WASTE (005)
(Domestic laundry separate from sanitary)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type		
		Average	Maximum	Units	Minimum	Average	Maximum	Units					
DOMESTIC WASTE (as laundry) FOAM / FLOATING SOLIDS ¹	Sample Measurement		No Discharge	# of Days Observed	No Discharge								
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight		
July	Sample Measurement		No Discharge	# of Days Observed	No Discharge								
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight		
August	Sample Measurement		No Discharge	# of Days Observed	No Discharge								
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight		
September	Sample Measurement		No Discharge	# of Days Observed	No Discharge								
	Permit Requirement		None		No foam or floating solids in the receiving waters.					1/day	Visual - Daylight		
	Sample Measurement												
	Permit Requirement												
	Sample Measurement												
	Permit Requirement												
	Sample Measurement												
	Permit Requirement												
	Sample Measurement												
	Permit Requirement												
	Sample Measurement												
	Permit Requirement												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)							TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer									(562) 628-1526		10 22 2014		
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT							Area Code Number		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Domestic waste (as laundry) is sent to a disposal well and not discharged. Domestic waste from sinks and showers is reported under Sanitary discharges.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☒

CAG280000
PERMIT NO.

008
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

FIRE CONTROL WATER (008)
(deluge commingled with deck drains)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type
		Average	Units	Minimum	Average	Maximum	Units			
FIRE CONTROL SYSTEM TEST WATER (008) - FOAM, FLOATING SOLIDS , July	Sample Measurement	No Discharge	# Days Observed	No Discharge						
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
August	Sample Measurement	No Discharge	# Days Observed	No Discharge						Visual -
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
September	Sample Measurement	No Discharge	# Days Observed	No Discharge						
	Permit Requirement	None		No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/day	Visual - Daylight
					Monthly Average	Daily Maximum				
FIRE CONTROL SYSTEM TEST WATER (008) CHLORINE ₂ July - September	Sample Measurement				N / A	N / A	mg/L			
	Permit Requirement				N / A	N / A			1/month	Grab
	Sample Measurement									
	Permit Requirement									
FIRE CONTROL SYSTEM TEST WATER Chemical Inventory ₂ July - September	Sample Measurement			N / A					1/month	List
	Permit Requirement			Report					1/month	List
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				TELEPHONE		DATE		
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager				(562) 628-1526		10 22 2014		
TYPED OR PRINTED						Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		MONTH/DAY/YEAR		

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Fire water is commingled with deck drains and sent to a disposal well and is not discharged.

² Fire water is not chlorinated or chemically treated.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

009
DISCHARGE NO.


Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NON-CONTACT COOLING WATER (009)
(combined with excess seawater)

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type				
		Average	Units	Minimum	Average	Maximum	Units							
NON-CONTACT COOLING WATER (009) FLOW RATE	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate				
	Permit Requirement	Report							1/month	Estimate				
	July													
August	Sample Measurement	68,571	Barrels/Day					0	1/month	Estimate				
	Permit Requirement	Report							1/month	Estimate				
	September													
NON-CONTACT COOLING WATER (009) FOAM, FLOATING SOLIDS	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight				
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight				
	July													
August	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight				
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight				
	September													
September	Sample Measurement	0	# Days Observed	No floating solids in the receiving water. No foam in the receiving water.				0	1/day	Visual - Daylight				
	Permit Requirement	None		No floating solids in the receiving water. No foam in the receiving water.					1/day	Visual - Daylight				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. (SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE				
Jim Guion Executive Vice President, Chief Operating Officer								(562) 628-1526		10 22 2014				
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR				

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge

X

CAG280000
PERMIT NO.

006,007,010,011,012,013,014
DISCHARGE NO.

Blowout Preventer Fluids
Desalination Unit
Ballast/Storage Displacement
Bilge Water
Boiler Blowdown
Test Fluids
Diatomaceous Earth Filter Media

Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61" LAT., 118° 06' 59.38" LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type										
		Average	Maximum	Units	Minimum	Average	Maximum	Units													
(006) Blowout Preventer Fluids FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge																
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water										
(007) Desalination Unit FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge																
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water										
(010) Ballast/Storage Displacement Water FLOW RATE, FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly Average bbl/day	No Discharge																
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight										
(011) Bilge Water FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly Average bbl/day	No Discharge																
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate										
(012) Boiler Blowdown FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge																
	Permit Requirement				No floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water										
(013) Test Fluids * FLOW RATE, FREE OIL FOAM, FLOATING SOLIDS July - September	Sample Measurement			Monthly Average bbl/day	No Discharge																
	Permit Requirement	Report			No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Estimate / Visual Daylight										
(014) Diatomaceous Earth Filter Media FREE OIL, FOAM, FLOATING SOLIDS July - September	Sample Measurement				No Discharge																
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.					1/month 1/discharge	Visual Rec. Water										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE											
Jim Guion Executive Vice President, Chief Operating Officer																					
TYPED OR PRINTED																					
								(562) 628-1526		10 22 2014											
								Marina Robertson, HSE Manager													
								Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT		Area Code Number											
										MONTH/DAY/YEAR											

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

*See Chemical Inventory, if discharged.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

No Discharge ☐

CAG280000
PERMIT NO.

015, 016, 017, 018, 020, 021
DISCHARGE NO.

Bulk Water Transfer Overflow
Uncontaminated Water


Approved Form
OMB No. 2000-0015

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

Water Flooding Discharges
Laboratory Wastes (commingled with deck drains)
Muds, Cuttings, Cement at Sea
Hydrotest Water

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading		Quality or Concentration				NO. EX.	Frequency Analysis	Sample Type			
		Average	Units	Minimum	Average	Maximum	Units						
(015) Bulk Transfer Water Overflow FOAM, FLOATING SOLIDS July - September	Sample Measurement			No floating solids in the receiving water.				0	1/month 1/discharge	Visual Rec. Water			
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.									
				No floating solids in the receiving water.									
				No foam, in other than trace amounts, in the receiving water.									
(016) Uncontaminated Water ¹ FOAM, FLOATING SOLIDS July - September	Sample Measurement			No floating solids in the receiving water.				0	1/month 1/discharge	Visual Rec. Water			
	Permit Requirement			No foam, in other than trace amounts, in the receiving water.									
				No floating solids in the receiving water.									
				No foam, in other than trace amounts, in the receiving water.									
(017) Water Flooding Discharges FREE OIL, FOAM, FLOATING SOLIDS* July - September	Sample Measurement			No Discharge					1/month 1/discharge	Visual Rec. Water			
	Permit Requirement			No free oil or floating solids in the receiving water.									
				No foam, in other than trace amounts, in the receiving water.									
(018) Laboratory Wastes FREE OIL, FOAM, FLOATING SOLIDS (commingled with deck drains) July - September	Sample Measurement			No Discharge					1/month 1/discharge	Visual Rec. Water			
	Permit Requirement			No free oil or floating solids in the receiving water.									
				No foam, in other than trace amounts, in the receiving water.									
(020) Muds, Cuttings, Cement at Sea Floor FREE OIL, FOAM, FLOATING SOLIDS* July - September	Sample Measurement			No Discharge					1/month 1/discharge	Visual Rec. Water			
	Permit Requirement			No free oil or floating solids in the receiving water.									
				No foam, in other than trace amounts, in the receiving water.									
(021) Hydrotest Water * FLOW RATE FREE OIL, FOAM, FLOATING SOLIDS* July - September	Sample Measurement		Monthly Average bbl/day	No Discharge					1/month 1/discharge	Estimate / Visual Daylight			
	Permit Requirement	Report		No free oil or floating solids in the receiving water.									
				No foam, in other than trace amounts, in the receiving water.									
(021) HYDROTEST WATER CHLORINE July - September	Sample Measurement				No Discharge	No Discharge	ug/L		1/month 1/discharge	Grab			
	Permit Requirement				N / A	N / A							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)						TELEPHONE		DATE			
Jim Guion Executive Vice President, Chief Operating Officer		 Marina Robertson, HSE Manager						(562) 628-1526		10 22 2014			
TYPED OR PRINTED		Signature of PRINCIPAL EXECUTIVE OFFICER or AUTHORIZED AGENT						Area Code Number		MONTH/DAY/YEAR			

COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)

¹ Uncontaminated water is combined with non-contact cooling water (refer to non-contact cooling water discharge 009)

*See Chemical Inventory, if discharged.

Beta Offshore
111 W. Ocean Blvd. Suite 1240
Long Beach, Ca 90802

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CAG280000
PERMIT NO.

022
DISCHARGE NO.

No Discharge ☒

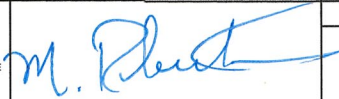
Approved Form
OMB No. 2000-0015

Beta Platform Eureka
LOCATION: 33° 33' 49.61"LAT., 118° 06' 59.38"LONG.

MONITORING PERIOD					
YR	MO	DAY	YR	MO	DAY
From: 14 07 01			To: 14 09 30		

H2S Gas Processing Waste Water

NOTE: Read instructions before completing this form.

PARAMETER		Quantity or Loading			Quality or Concentration			NO. EX.	Frequency Analysis	Sample Type									
		Average	Maximum	Units	Minimum	Average	Maximum												
(022) H2S Gas Processing Waste Water FLOW RATE	Sample Measurement			Monthly Average bbl/day															
	Permit Requirement	Report							1/discharge	Estimate									
(022) H2S Gas Processing Waste Water FREE OIL, FOAM, FLOATING SOLIDS	Sample Measurement				No Discharge														
	Permit Requirement				No free oil or floating solids in the receiving water. No foam, in other than trace amounts, in the receiving water.				1/discharge	Visual - Daylight									
Surfactants, Detergents, Dispersants	Sample Measurement				Minimized			0											
	Permit Requirement				Minimize														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. & 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)					TELEPHONE		DATE										
Jim Guion Executive Vice President, Chief Operating Officer																			
TYPED OR PRINTED																			
COMMENT AND EXPLANATION OF ANY VIOLATION (Reference all attachments here.)		 Marina Robertson, HSE Manager					(562) 628-1526		10 22 2014										
							Area Code Number		MONTH/DAY/YEAR										

Attachment 2

Chemical Inventory

**ATTACHMENT 2
PLATFORM EUREKA
MISCELLANEOUS DISCHARGES
CHEMICAL INVENTORY
July 1, 2014 through September 30, 2014**

<u>Fluid Type</u>	<u>Volume</u> (Monthly avg bbls per day)	<u>Product Name</u>	<u>Estimated Chemical Quantity</u> (Monthly avg gal per day)	<u>Average End-of-Pipe ¹ Concentration</u> (mg/l)
009 Non-contact Cooling Water (combined with excess seawater)				
July	68,571	Chlorine	1.44	0.5
August	68,571	Chlorine	1.15	0.4
September	68,571	Chlorine	1.15	0.4
008 Fire Control System Water	N / A	None	N / A	N / A
013 Test Fluids	No Discharge	No Discharge	None	None
017 Water Flooding Discharges	No Discharge	No Discharge	None	None
021 Hydrotest Water	No Discharge	No Discharge	None	None

¹ Chemical quantity for non-contact cooling water calculated with Operations monitoring results using a non-EPA chlorine test method (Hach DPD Color Wheel).

N / A: Not chlorinated.

Attachment 3

Non-Contact Cooling Water Chlorine Residual Results



LTS ENVIRONMENTAL, INC.

September 8, 2014

Quality Control

As part of the annual in-house quality control chlorine meter check and to ensure proper operation of the meters, LTS Environmental performed a total residual chlorine test with a known value obtained from RT Corporation. Results of this test are as follows:

Test Date September 5, 2014	Total Residual Chlorine (EPA Method 330.5)
LTS meter (SN 041200088375)	0.57 mg/l
LTS meter (SN 12040E195572)	0.52 mg/l
RT Corporation test sample: (Lot #QC1065-021081)	
Acceptance Limits	0.481 – 0.835 mg/l
Certified Value	0.658 mg/l \pm 0.0110
	Method Blank < 0.05 mg/l
LTS Lead Technician: Mike Apple	

S.G. Lawry
Environmental Specialist
President, LTS



LTS ENVIRONMENTAL, INC.

Beta Offshore
111 W. Ocean Blvd., Suite 1240
Long Beach, Ca 90802

August 5, 2014

Attn: Marina Robertson

Quarterly NPDES chlorine residuals on the non-contact cooling water outlet were as follows:

Sample Date / Time	Location	Total Chlorine Residual (EPA Method 330.5) <u>End of Pipe</u>
July 29, 2014 @ 1630 hrs	Platform Eureka Non-Contact Cooling Water Outlet West Seawater Pump	0.09 mg/l
LTS Meter S/N: 12040E195572 Technician: Cole Jenkins		Method Blank < 0.05 mg/l (MDL)

S.G. Lawry
Environmental Specialist / LTS